

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Coos**

Conventional or Direct Filtration

Month/Year: **Oct-22**

System Name: **Powers, City of** ID#: **41-00672** WTP: **TP - A**

Day	Midnight [NTU]	0400 [NTU]	0800 [NTU]	NOON [NTU]	1600 [NTU]	2000 [NTU]	Highest Reading of the Day ¹ [NTU]
1	OFF	0.06	OFF	0.07	OFF	0.06	0.07
2	OFF	OFF	OFF	OFF	0.06	0.06	0.06
3	0.07	OFF	0.07	OFF	0.07	OFF	0.07
4	OFF	OFF	0.06	OFF	0.06	0.08	0.08
5	OFF	OFF	OFF	OFF	0.06	0.06	0.06
6	OFF	0.10	OFF	0.07	0.07	OFF	0.10
7	OFF	OFF	0.06	0.07	0.07	0.06	0.07
8	OFF	0.06	OFF	0.07	OFF	0.06	0.07
9	OFF	OFF	OFF	0.07	0.06	0.06	0.07
10	OFF	OFF	0.06	OFF	0.06	0.08	0.08
11	OFF	0.07	0.06	OFF	0.06	OFF	0.07
12	0.06	OFF	0.06	0.07	0.07	0.06	0.07
13	OFF	0.06	OFF	0.06	OFF	OFF	0.06
14	OFF	OFF	OFF	OFF	0.07	0.06	0.07
15	0.06	0.06	0.06	0.06	0.06	OFF	0.06
16	0.06	OFF	0.06	0.06	0.06	0.06	0.06
17	OFF	OFF	0.06	0.06	0.05	0.07	0.07
18	OFF	OFF	OFF	0.07	OFF	0.06	0.07
19	OFF	0.06	OFF	OFF	0.06	OFF	0.06
20	0.06	OFF	0.06	OFF	0.06	OFF	0.06
21	0.06	OFF	0.06	OFF	0.06	OFF	0.06
22	0.06	OFF	0.06	OFF	0.07	OFF	0.07
23	0.07	OFF	OFF	0.09	0.09	OFF	0.09
24	0.08	OFF	OFF	0.07	OFF	OFF	0.08
25	0.06	OFF	0.06	OFF	0.06	OFF	0.06
26	0.05	OFF	0.06	OFF	0.06	OFF	0.06
27	OFF	OFF	0.06	OFF	0.05	OFF	0.06
28	0.05	OFF	0.05	0.06	0.05	OFF	0.06
29	0.06	OFF	0.06	OFF	0.06	OFF	0.06
30	0.06	OFF	0.06	OFF	0.06	0.06	0.06
31	OFF	OFF	OFF	OFF	OFF	0.06	0.06

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: JS/ Dave Terrusa	DATE: 10/2/2022
	PHONE #: (541) 253-7556	CERT #: 6930

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 2400 through 2000 may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - A

System Name:	Powers, City of	ID#: 41-00672	Month/Year:	Oct-22	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow	Minimum Res. Level
Daily about 09:30	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]	formula Feet
1	0.59	706	416	18.2	7.95	30	YES	40	448033.6 30.52
2	0.27	519	140	18.1	7.8	27	YES	50	411774 28.05
3	0.55	564	310	18.1	7.7	27	YES	50	447740 30.5
4	0.63	565	356	18.2	7.77	28	YES	50	448033.6 30.52
5	0.65	564	367	17.9	7.68	28	YES	50	447740 30.5
6	0.67	564	378	18.0	7.70	28	YES	50	447886.8 30.51
7	0.66	486	321	17.8	7.73	28	YES	55	424252 28.9
8	0.67	564	378	17.9	7.79	29	YES	50	447886.8 30.51
9	0.68	470	320	17.9	7.79	29	YES	60	448033.6 30.52
10	0.67	282	189	17.6	7.69	28	YES	100	448033.6 30.52
11	0.67	565	378	17.5	7.66	28	YES	50	448033.6 30.52
12	0.66	536	354	17.2	7.58	28	YES	50	425279.6 28.97
13	0.77	430	331	16.6	7.61	30	YES	60	409278.4 27.88
14	0.66	420	277	19.5	7.52	24	YES	50	333236 22.7
15	0.77	395	304	16.0	7.73	33	YES	60	376248.4 25.63
16	0.77	543	418	15.8	7.69	32	YES	50	430564.4 29.33
17	0.79	564	446	15.9	7.78	33	YES	50	447886.8 30.51
18	0.77	541	416	15.8	7.71	33	YES	50	429243.2 29.24
19	0.72	564	406	16.3	7.67	31	YES	50	447886.8 30.51
20	0.69	245	169	15.8	7.75	33	YES	115	447740 30.5
21	0.72	706	508	15.6	7.70	33	YES	40	448033.6 30.52
22	0.77	673	518	16.1	7.81	33	YES	40	427481.6 29.12
23	0.49	686	336	15.5	7.36	28	YES	40	435408.8 29.66
24	0.43	941	405	14.4	7.67	34	YES	30	448327.2 30.54
25	0.49	806	395	13.3	7.81	39	YES	35	447886.8 30.51
26	0.53	940	498	13.9	7.59	35	YES	30	447740 30.5
27	0.53	941	499	14.1	7.58	34	YES	30	448033.6 30.52
28	0.54	448	242	13.2	7.66	37	YES	60	426894.4 29.08
29	0.59	705	416	13.5	7.87	40	YES	40	447886.8 30.51
30	0.57	806	459	14.4	7.71	35	YES	35	447740 30.5
31	0.54	941	508	14.2	7.77	36	YES	30	447886.8 30.51

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised April 2020

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350